

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			11/15/97
FORMALITY REVIEW			

INDEX OF CLAIMS

☐ Rejected  
☐ Allowed  
☐ (Through normal) Cancelled  
☐ Resubmitted  
☐ Non-accepted  
☐ Interim status  
☐ Appeal  
☐ Objected

SECT

Claim	Date	Claim	Date	Claim	Date
1		61		110	
2		62		111	
3		63		112	
4		64		113	
5		65		114	
6		66		115	
7		67		116	
8		68		117	
9		69		118	
10		70		119	
11		71		120	
12		72		121	
13		73		122	
14		74		123	
15		75		124	
16		76		125	
17		77		126	
18		78		127	
19		79		128	
20		80		129	
21		81		130	
22		82		131	
23		83		132	
24		84		133	
25		85		134	
26		86		135	
27		87		136	
28		88		137	
29		89		138	
30		90		139	
31		91		140	
32		92		141	
33		93		142	
34		94		143	
35		95		144	
36		96		145	
37		97		146	
38		98		147	
39		99		148	
40		100		149	
41				150	
42					
43					
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45					
46					
47					
48					
49					
50					

If more than 150 claims or 10 actions  
 staple additional sheet here

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Best Available Copy